1220 Nineteenth St, NW, Suite 300
Washington, DC 20036-2400
Phone 202.833.8077
Fax 202.833.7057
e-mail science@weinberggroup.com

WASHINGTON
NEW YORK
SAN FRANCISCO
BRUSSELS
PARIS

THE WEINBERG GROUP INC.

March 23, 2004,

Dockets Management Branch
Food and Drug Administration
Department of Health and Human Services
HFA-305, Room 1061
5630 Fishers Lane
Rockville, MD 20852

SUITABILITY PETITION

This petition is submitted pursuant to 21 CFR §10.20 and §10.30, as provided for in 21 CFR §314.93 and Section 505(j)(2)(c) of the Federal Food, Drug and Cosmetic Act, to request the Commissioner of the Food and Drug Administration to declare that the drug product Oxycodone Hydrochloride Capsules for Oral administration, 5 mg, 10 mg, 15 mg, 20 mg, and 30 mg are suitable for submission as an Abbreviated New Drug Application (ANDA).

A. Action Requested

The petitioner requests that the Commissioner of the Food and Drug Administration declare that Oxycodone Hydrochloride Capsules for Oral administration, in strengths of 5 mg, 10 mg, 15 mg, 20 mg and 30 mg, are suitable for submission as an ANDA. The reference listed drug product upon which this petition is based is Roxicodone™ (oxycodone hydrochloride tablets USP) approved in 15 mg and 30 mg dosage strengths, and approved under NDA 21-011. This petition requests a change in dosage form and dosage strength, of the reference drug product. The drug, the route of administration, and the recommendations for use are the same as those of the listed drug product. The proposed product would differ only in dosage form and dosage strength from the Roxicodone™ marketed product.

The proposed drug product is expected to demonstrate bioequivalence to the 15 mg tablet dosage form of the listed product; data will be submitted at a later date.

B. Statement of Grounds

The Federal Food, Drug, and Cosmetic Act provides for the submission of an ANDA for a new drug that differs in dosage form and dosage strength from that of a listed drug provided the FDA has approved a petition that proposed the filing of such an application. This petition requests a change in dosage form and dosage strength for the proposed drug from that of the reference listed drug.

2004P-0153

CP 1

The proposed change in dosage form for Oxycodone Hydrochloride Capsules 5 mg, 10 mg, 15 mg, 20 mg and 30 mg, from the reference Roxicodone™ Oxycodone Hydrochloride Tablets 15 mg and 30 mg, does not present a concern for safety or efficacy from that of the approved tablet formulation. The capsule dosage form will provide the same active ingredient and the route of administration, intended patient population, and recommendations for use remain the same as the Roxicodone™ product. Therefore, there will be no difference in the safety and efficacy of the proposed Capsules for Oral Administration.

According to the approved labeling for the reference listed drug product, Roxicodone™ (Oxycodone Hydrochloride Tablets, 15 mg and 30 mg), the starting dosage for the management of moderate to severe pain in opioid naïve patients is "5 mg to 15 mg every 4 to 6 hours as needed for pain", and "the dose should be titrated based on the individual patient's response to their initial dose of Roxicodone™", and "a gradual increase in dosage may be required". For patients with chronic pain Roxicodone™ should be administered on a regular schedule every 4 to 6 hours, at the lowest dose that will achieve analgesia. The dosage strength should be individually adjusted according to severity of pain, response to pain, and patient size. The proposed package insert for the dosage strengths of Oxycodone Hydrochloride Capsules, 5 mg, 10 mg, 15 mg, 20 mg, and 30 mg will be consistent with the reference listed drug labeling. Also, the approved labeling for Roxicodone™ is for both the 15 mg dose and 30 mg dosage strength, and therefore the labeling for the proposed strength of 20 mg will be within the range of therapy recommended in the approved label.

In summary, the proposed change in strength and dosage form of Oxycodone Hydrochloride Capsules from that of the reference listed drug (i.e. a change in strength from 15 mg and 30 mg to 5 mg, 10 mg and 20 mg, and a change in dosage form from Tablets to Capsules) will not raise questions of safety or efficacy of the proposed product. The reference product labeling recommends titrating the dosage strength of Oxycodone Hydrochloride tablets so that the strength of analgesia can be adjusted on an individual patient basis. The proposed dosage strengths of 5 mg, 10 mg, and 20 mg will allow physician's greater flexibility in dosing patients based on their individual need for analgesia. The efficacy of the proposed 5 mg and 10 mg dosage strengths is supported in the reference product labeling, where it recommends a dose of 5 mg to 15 mg every 4 to 6 hours. The proposed 20 mg capsule would provide a dosage strength between the currently approved 15 mg and 30 mg strengths when, as the reference labeling states, "If the pain increases in severity, if analgesia is not adequate, or if tolerance occurs, a gradual increase in dosage may be required". The approval of a 20 mg strength would therefore not present additional safety concerns because it is within the range of currently approved therapy.

The proposed product will differ from the listed drug only in dosage strength and dosage form. The indications, route of administration, intended patient population, and recommendations for use will remain the same as for the Roxicodone™ product. Therefore, there will be no difference in the safety and efficacy of the proposed Tablets.

The package insert for Roxicodone™ is provided in Attachment 1 of this petition. The draft package insert for the proposed Oxycodone Hydrochloride Capsules, 5 mg, 10 mg 15 mg, 20 mg, and 30 mg is provided in Attachment 2.

C. Pediatric Use Information

The safety and efficacy of Roxicodone™ (oxycodone hydrochloride tablets) in pediatric patients has not been evaluated. Under the Pediatric Research and Equity Act, passed in December 2003, an application filed under section 505 for a new active ingredient, new indication, new dosage form, new dosing regimen, or new route of administration, must submit with the application assessments of the use of the proposed product in pediatric populations, or request a waiver from providing those assessments

The proposed product, Oxycodone Hydrochloride Capsules in 5 mg, 10 mg, 15 mg, 20 mg, and 30 mg strengths, requests a change in dosage form from the reference product, and is therefore subject to the Pediatric Research and Equity Act. The petitioner is requesting a full waiver of the pediatric assessment requirements to conduct pediatric studies, in accordance with the Pediatric Research Equity Act of 2003, and the waiver requirements set forth in the Act, Section 505B(a)(4)(A)(iii), as "the drug or biological product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients in that age group; and is not likely to be used by a substantial number of pediatric patients in that age group". The petitioner would like to point out that multiple alternative therapies that are indicated for pain are available for pediatric patients. Currently approved analgesics for pediatric use include acetaminophen elixir, Lortab Elixir, Tylenol with Codeine Elixir, Ibuprofen Drops/Suspension, and Demerol Syrup. Therefore, a number of approved analgesic products exist in dosage forms for use in pediatric population and are labeled for pediatric use. While dosing for patients under 2 years is not currently included in the labeling for these products, the monograph for Opioid (Narcotic) Analgesics (Systemic) included in Drug Information for the Health Care Professional (USP DI 2004, 24th Edition) states that children up to 2 years of age may be more susceptible to the effects of opioids, especially respiratory depressant effects, and paradoxical excitation (see Attachment 3). In addition, The Pharmacological Basis of Therapeutics (Goodman and Gilman, Tenth Edition) notes that for children under 6 months of age, especially those who are ill or premature, the pharmacokinetics and potency of opioids can be substantially altered and in some cases there is a significant risk of apnea (see Attachment 4). The petitioner would question the merits of exposing pediatric patients younger than 2 years of age to this serious adverse effect during the course of a clinical study. Further, Oxycodone Hydrochloride Tablets, in strengths of 15 mg and 30 mg are already available and this new dosage form is not expected to increase pediatric use.

D. Environmental Impact

An environmental assessment report on the action requested in this petition is not required under 21 CFR §25.31.

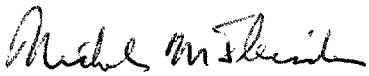
E. Economic Impact

The petitioner does not believe that this is applicable in this case, but will agree to provide such an analysis if requested by the agency.

F. Certification

The undersigned certifies that to the best of his knowledge, this petition includes all information and views on which the petition relies, and that it includes representative data and information known to the petitioner which are unfavorable to the petition.

Sincerely,



Nicholas M. Fleischer, R.Ph., Ph.D.
Director of Biopharmaceutics
THE WEINBERG GROUP INC.

NMF/kh

Enclosures

cc Gary Buehler, Director, Office of Generic Drug (w/encls.)